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DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE NUMBERS

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYED? YES NO

EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATE OF ANY ORDER OF PROTECTIONS, PRIOR ORDERS, OR ANY OTHER LEGAL ACTION:

DATE OF LAST CHILD SUPPORT ORDER: \_\_\_\_\_

CASE NUMBER(S) \_\_\_\_\_ ATLAS NUMBER: \_\_\_\_\_

APPROXIMATE MONTHLY INCOME: \_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE FOR THE CHILD(REN)? YES NO  
IF YES, WHO IS THE PROVIDER? \_\_\_\_\_

HOW MUCH DO YOU PAY TO INSURE THE CHILD(REN)? \_\_\_\_\_

DOES THIS INCLUDE?

DENTAL: YES NO  
VISION: YES NO

IF NO, PROVIDE THE PROVIDER INFORMATION AND MONTHLY COSTS:

DO YOU HAVE CHILD CARE EXPENSES? YES NO

IF YES, PLEASE PROVIDE PROVIDER AND MONTHLY CHILD CARE COSTS:

ARE THERE ANY OUTSTANDING CHILD SUPPORT ARREAGES? YES NO

IF YES, DETAIL:

DO YOU RECEIVE SPOUSAL MAINTENANCE FROM ANY PRIOR MARRIAGES?

YES NO

ARE YOU SEEKING SPOUSAL MAINTENANCE AND/OR CHILD SUPPORT?

YES NO

PLEASE LIST YOUR CHILD(REN)'S NAME(S), DOB, SSN(S), AND AGES COMMON TO THE PARTIES:

<u>NAME</u>	<u>DOB</u>	<u>SSN</u>	<u>AGE</u>

PLEASE LIST YOUR OTHER BIOLOGICAL AND/OR ADOPTED CHILD(REN)'S NAME(S), DOB, AND AGES NOT COMMON TO THE PARTIES:

**NAME**

**DOB**

**AGE**

<b><u>NAME</u></b>	<b><u>DOB</u></b>	<b><u>AGE</u></b>

PLEASE LIST ALL VEHICLES YOU OR YOUR SPOUSE OWN (INCLUDING VEHICLES ACQUIRED BEFORE OR DURING THE MARRIAGE). INCLUDE YEAR, MAKE, MODEL, VIN NUMBER (IF KNOWN) AND HOW YOU WOULD LIKE THE VEHICLES TO BE DISTRIBUTED:

PLEASE LIST ALL REAL ESTATE YOU OR YOUR SPOUSE OWN (INCLUDING REAL ESTATE ACQUIRED BEFORE OR DURING THE MARRIAGE). INCLUDE HOW YOU WOULD LIKE THE REAL ESTATE TO BE DISTRIBUTED:

PLEASE LIST ALL PERSONAL PROPERTY YOU OR YOUR SPOUSE ACQUIRED DURING THE COURSE OF THE MARRIAGE AND HOW YOU WOULD LIKE THE PERSONAL PROPERTY TO BE DISTRIBUTED:

PLEASE LIST ANY DEBTS (INCLUDING CREDIT CARDS) THAT BOTH OF YOU ACQUIRED DURING THE COURSE OF THE MARRIAGE, AND HOW YOU WOULD LIKE THE RESPONSIBILITY FOR SUCH DEBT TO BE ALLOCATED.

PLEASE LIST ANY PROPERTY IN YOUR POSSESSION THAT BELONGS TO THE OTHER PARTY THAT NEEDS TO BE RETURNED? IS THE OTHER PARTY IN POSSESSION OF YOUR PROPERTY THAT NEEDS TO BE RETURNED TO YOU?

**OTHER PARTY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**PHONE NUMBERS**

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYED? YES            NO

EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

APPROXIMATE MONTHLY INCOME: \_\_\_\_\_

DO THEY HAVE MEDICAL INSURANCE FOR THE CHILD(REN)? YES    NO

IF YES, WHO IS THE PROVIDER? \_\_\_\_\_

HOW MUCH DO YOU BELIEVE THEY PAY TO INSURE THE CHILD(REN)?

\_\_\_\_\_

DOES THIS INCLUDE?

DENTAL: YES            NO

VISION: YES            NO

IF NO, PROVIDE THE PROVIDER INFORMATION AND MONTHLY COSTS:

PLEASE LIST THEIR OTHER BIOLOGICAL AND/OR ADOPTED CHILD(REN)'S NAME(S), DOB, AND AGES NOT COMMON TO THE PARTIES:

<u>NAME</u>	<u>DOB</u>	<u>AGE</u>

WERE THE PARTIES EVER MARRIED? YES                      NO

IF YES, WHEN DID YOU GET MARRIED? \_\_\_\_\_

WHERE DID YOU GET MARRIED?

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN ARIZONA? \_\_\_\_\_

WHAT KIND OF LEGAL DECISION MAKING DO THE PARTIES HAVE NOW?

WHAT KIND OF LEGAL DECISION MAKING WOULD YOU LIKE TO HAVE?

WHAT KIND OF PARENTING TIME DO THE PARTIES FOLLOW NOW?

WHAT KIND OF PARENTING TIME WOULD YOU LIKE TO HAVE?

WHAT IS YOUR DESIRED OUTCOME FOR THE CASE? ANYTHING ELSE I SHOULD KNOW ABOUT THE MATTER?